

123103
U.S. PTO

01919

PTO/SB/05 (08-03)

Approved for use through 07/31/2006. OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.	219002030710
		First Inventor	Barbara CORDELL
		Title	MODULATION OF A β LEVELS BY β -SECRETASE BACE2
		Express Mail Label No.	EL961005788US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (2 pages) <small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 45] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 14]</p> <p>5. Oath or Declaration [Total Sheets 2]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small></p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (3 pages)</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper </p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>	
ACCOMPANYING APPLICATION PARTS			
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p> <p>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment (3 pages)</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></p> <p>17. <input type="checkbox"/> Other: _____</p>			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: **09/886,143**

Prior application information: Examiner **R. Gitomer** Art Unit: **1651**For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number:	25225		<input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

Name (Print/Type)	James J. Mullen, III, Ph.D.	Registration No. (Attorney/Agent)	44,957
Signature			Date
			December 31, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL961005788US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: **12-31-03**

Signature:

(Michael Boyd)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL

for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\\$) 770.00
-------------------------	--------------

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Barbara CORDELL
Examiner Name	Not Yet Assigned
Art Unit	Not Yet Assigned
Attorney Docket No.	219002030710

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	
<input checked="" type="checkbox"/> Deposit Account:					
Deposit Account Number	03-1952				
Deposit Account Name	Morrison & Foerster LLP				
The Director is authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments				
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1) (\$)			770.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Large Entity	Small Entity	Extra Claims	Fee from below	Fee Paid	
Total Claims	20	-20** =	<input type="text"/> x <input type="text"/> =	0.00	
Independent Claims	2	-3** =	<input type="text"/> x <input type="text"/> =	0.00	
Multiple Dependent			<input type="text"/> =		
Large Entity	Small Entity	Fee Description			
1202	18	2202 9	Claims in excess of 20		
1201	86	2201 43	Independent claims in excess of 3		
1203	290	2203 145	Multiple dependent claim, if not paid		
1204	86	2204 43	** Reissue independent claims over original patent		
1205	18	2205 9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) (\$)			0.00		
*or number previously paid, if greater. For Reissues, see above					
*Reduced by Basic Filing Fee Paid					
SUBTOTAL (3) (\$) 0.00					
(Complete if applicable)					
Name (Print/Type)	James J. Mullen, III, Ph.D.		Registration No. (Attorney/Agent)	44,957	Telephone (858) 720-7940
Signature				Date	December 31, 2003